

Youth Ball Registration Form

Mt. Vernon Parks & Recreation Department
2009 Summer – Youth Ball

Please fill out this form and return it to the Park & Rec. Dept., 118 Main St., [P.O. Box 324] Mt. Vernon, IN 47620 - office located above the Community Center/Skating Rink. Office hours are 8:00 am - 12 noon & 12:30 - 5:00 pm Monday through Friday.

Deadline: Thursday, April 9th at 5:00 pm.

Late Deadline: Friday, April 17th at 5:00 pm. (\$5.00 late fee per child)

NO FORMS WILL BE ACCEPTED AFTER April 17th at 5:00 p.m.

League play will begin the week of May 25th.

Name _____ D.O.B. _____ Age **as of** 4-30-2009 ____**

Address _____ Gender: M F

Did you play last year? Yes or No If yes, what league did you play in? _____

Last year's team name _____

| <u>Program (circle one)</u> | <u>Ages</u> | <u>DOB</u> | <u>Fees</u> |
|-----------------------------|-------------|----------------|-------------|
| Intro to T-ball | 4 yrs old | 5/1/04-4/30/05 | \$20 |
| Boys & Girls T-Ball | 5 - 6 yrs | 5/1/02-4/30/04 | \$20 |
| Boys Pitching Machine | 7 - 8 yrs | 5/1/00-4/30/02 | \$30 |
| Girls Pitching Machine | 7 - 10 yrs | 5/1/98-4/30/02 | \$30 |

*Note: Leagues may have to be combined or canceled, depending upon the number of registered participants.

***Requests for certain teams and individuals may not be granted.**

*Please mark the size T-shirt your child will need with an X.

Youth: Sm. ____ Med. ____ Lg. ____
Adult: Sm. ____ Med. ____ Lg. ____

****NOTE:** BOYS age nine (9) on or before April 30, 2009 will move into the Mt. Vernon Youth Baseball league (MVYB). The MVYB league is not operated by the Parks & Recreation Department. For more info regarding the MVYB league please contact Lee Reeves at 431-0045. For future reference the MVYB signups are in early February.

PLEASE COMPLETE PARENT CONSENT
FORM ON REVERSE SIDE

Parent Permission:

I/We hereby grant permission for our son/daughter _____ to participate in the Youth T-ball, Baseball & Softball Leagues. I/We will assume all responsibility and obligations for our child in case of injury or accident sustained during participation in this program. I will allow personal/team pictures to be used internally or externally where we see fit. I will release the Mt. Vernon Parks Board, Department, and all other paid and voluntary personnel from any and all obligation during the course of the program. We will all try to work together to build a fine program for all of the youth involved.

Parent / Guardian Name(s) - Printed _____

Address _____

Email _____

Phone #'s h) _____ w) _____ emergency) _____

Parent / Guardian Signature _____

** We encourage everyone to volunteer regardless of their knowledge of the sport. The success of the program depends upon volunteers. The more volunteers -- the more opportunities your child will have.

Will you coach? ____

Assist coach? ____

T-shirt size: S M L XL 2X

****Organizational Coaches Meetings** will be held for all Coaches and Assistants for the program as follows: Boys and Girls T-Ball - Thursday, April 23rd at 6:00 pm.
Boys and Girls Pitching Machine Leagues - Thursday, April 23rd at 6:30 pm.

DO NOT WRITE BELOW THIS LINE, OFFICE USE ONLY

Entry Fee \$ _____

Late Fee \$ _____

Total \$ _____

Receipt # _____

League _____

Rec'd by _____

Date _____